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**FROM:** Mitchell K. McCarthy, Registration No. 38,794**TO:** Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

ADDRESSEE/ORGANIZATION	FAX NO.	TELEPHONE NO.
Group Art Unit 2653	(703) 872-9306	(866) 217-9197

**RE:** Application No. 10/756,877  
In re application of: Lon Richard Buske, et al.  
Assignee: Seagate Technology LLC  
Dkt. No.: 10331.1/40176.64USC1

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PATENT  
Dkt. 10331.1/40176.64USC1

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: **Lon Richard Buske, et al.**  
Assignee: **SEAGATE TECHNOLOGY LLC**  
Application No.: **10/756,877** Group No.: **2653**  
Filed: **January 13, 2004** Examiner: **Allen Heinz**  
For: **MULTI-DISC SERVO TRACK WRITER VIBRATION ISOLATION METHOD AND APPARATUS**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

## STATUS

2. Applicant is other than a small entity.

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a)

I hereby certify that, on the date shown below, this correspondence is being:

## TRANSMISSION

☒ facsimile transmitted to the Patent and Trademark Office, (703) 872-9306.

Signature



Diana C. Anderson

(type or print name of person certifying)

Date: December 13, 2004

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		
TOTAL	12	- 20	= 0	x \$ 50.00	= \$	0.00	
INDEP.	2	- 3	= 0	x \$ 200.00	= \$	0.00	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+ \$ 0.00	= \$	0.00	
TOTAL					ADDIT. FEE	\$	0.00

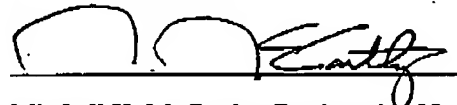
No additional fee for claims is required.

**FEE DEFICIENCY**

5. If an additional extension and/or fee is required, charge Account No. 06-0540.  
If an additional fee for claims is required, charge Account No. 06-0540.

Respectfully submitted,

Date: 12/13/2004



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